



Request To Work While Receiving Disability/ Industrial Disability Retirement Benefits

888 CalPERS (or 888-225-7377) • TTY: For Speech & Hearing Impaired: (916) 795-3240

You must complete this form in order to request approval to work for a CalPERS employer while continuing your disability retirement benefits.

Section 1

When completing this form,
please be sure to print the
requested information.

Member Certification

Name of Retiree (First Name, Middle Initial, Last Name) Social Security Number
Address
City State ZIP Code Daytime Phone

This is a formal request for reemployment under Government Code Section 21228, while remaining a disability retiree from my former position. I understand that the position must be significantly different than the one from which I am retired, and that I am subject to an earnings limitation so that the total of the pension portion of my retirement allowance and the new earnings will not exceed the current (gross) salary of the former job from which I retired. I also understand that I must keep CalPERS advised of any changes to my salary or employment.

I understand that I must submit a medical report signed by my physician certifying that they have examined me, reviewed the position duty statement, and find that I am able to perform all the tasks without restriction or limitation.

Employer Name Job Title Proposed Hire Date (mm/dd/yyyy)
Address
City State ZIP Code
Signature Date (mm/dd/yyyy) Daytime Phone

Section 2

Employer Certification

Duty Statement
Your employer must
attach a copy of the
current job description for
the position to which you
are requesting to work.

It is the intent of _____ to hire _____
Employer CalPERS Retiree
for the position of _____ pursuant of Government Code Section 21228.
Job Title

This offer is contingent upon written approval from CalPERS.

Employer Signature Date (mm/dd/yyyy) Daytime Phone
Print Name Title

Mail to:

CalPERS Benefit Services Division • P.O. Box 2796, Sacramento, California 95812-2796